S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	01 / 01 / 04 Through 12 / 31 / 04		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Michael & Hendricks	Name Northern W Regional Council Congestes		
~	Labor Organization File Number 035 - 757		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 2599 Maritomoc et	Street N 22/6 Bodde Rd		
City Green Bay	City Rau Kouna		
State 4 543/1-656	State C/. ZIP Code + 4 54/30 - 974		
5 Position in labor organization Business Repres	sentative.		
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the excitance). A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate.	usions set forth in the instructions) derived income or other economic benefit of		
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest Transaction, or Income		
the stages to send of the term and the term and the gas within			
Trade Name if any			
PO Box Bldg Room No if any			
Change of the state of the stat	7 b Amount		
Street			
City 1	A second		
State ZIP Code + 4			
Sig	nature		
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompar undersigned s knowledge and belief true correct, and complete (See the s	nying documents) has been examined by the signatory and is to the best of the		
Signed Muchael & Hon Suit	On 7-22-05, 1920 469-1146		
	Date Telephone Number		

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Name of Person Filling Michael & Hendricks		riie Number u		
B Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the busines rely seeking to represent or irectly to or otherwise	s		
Name and address of Business (including trade name if any)	9 Business deals with			
Name Wiscons N Compenter Beneft Funds				
Trade Name If any	a Labor Organization			
PO Box Bldg Room No If any	b Trust c. Employer			
Street 1704 Deuney Drive	C. Employer			
City Attoona				
State 2 ZIP Code + 4 54720		→		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dea			
Name	Quarterly Pension Board Meetings for trustees on 1-14-04, 4-15-04, 7-29-04, 10-28-04			
Total Name of the Control of the Con	for trusted		10 0// /0 10	
Trade Name if any	Mileage, lodging a meal re abursant			
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Street	11 b Approximate dollar va	alue of such dealing	1990.28	
City	12 a Nature of interest hi		Annual An	
State { ZIP Code + 4 [, 4-	
	12 b Amount			
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	and the second s		
Name)	T			
Trade Name if any				
PO Box Bldg Room No If any	í			
Street				
City				
	1 !			
State ZIP Code + 4			antonomin's françaisment of	



August 12, 2005

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Michael J Hendricks

2599 Manitowoc Court Green Bay Wisconsin 54311 Office 1 920 469 1146 Fax 1 920 469 8886 Website nwrcc ord